

# Determination of FAPE and Compensatory Services

## Office of Special Education Services

**When IEP services have not been provided, consider FAPE and the need for compensatory services. Compensatory services must be addresses in the student's IEP.**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

IEP Meeting Date: \_\_\_\_\_

Purpose of IEP Meeting: \_\_\_\_\_

List of services that were **not** provided:

List **reason** why the services were not provided:

How long did the student go **without** services? \_\_\_\_\_

What have been the **results** of not having the service?

1. Has the student made progress toward the general curriculum?

☐Yes

☐No

☐NA

2. Has the student made progress on IEP goals/objectives?

☐Yes

☐No

3. Did the student meet standards on state assessments?

☐Yes

☐No

4. Did the student graduate?

☐Yes

☐No

☐NA

5. If you answered "no" to the above questions, was FAPE denied?

☐Yes

☐No

6. If FAPE was denied, are compensatory services needed?

☐Yes

☐No

If compensatory services are required, please list the amount, frequency, location and duration of the services that will be provided.